

CLAIMS ONLY Best Available Copy

SERIAL NO. FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1						51			
2	1					52					
3	1					53					
4						54					
5						55					
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45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	1					TOTAL IND.					
TOTAL DEP.	3	↔		↔	↔	TOTAL DEP.	↔		↔	↔	
TOTAL CLAIMS	2					TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS